

January, 2013 Medline Topic Alert

1. Depress Anxiety. 2012 Dec 28. doi: 10.1002/da.22037. [Epub ahead of print]

ADCYAP1R1 GENOTYPE, POSTTRAUMATIC STRESS DISORDER, AND DEPRESSION AMONG WOMEN EXPOSED TO CHILDHOOD MALTREATMENT.

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BACKGROUND: A growing literature indicates that genetic variation, in combination with adverse early life experiences, shapes risk for later mental illness. Recent work also suggests that molecular variation at the ADCYAP1R1 locus is associated with posttraumatic stress disorder (PTSD) in women. We sought to test whether childhood maltreatment (CM) interacts with ADCYAP1R1 genotype to predict PTSD in women. **METHODS:** Data were obtained from 495 adult female participants from the Detroit Neighborhood Health Study. Genotyping of rs2267735, an ADCYAP1R1 variant, was conducted via TaqMan assay. PTSD, depression, and CM exposure were assessed via structured interviews. Main and interacting effects of ADCYAP1R1 and CM levels on past month PTSD and posttraumatic stress (PTS) severity were examined using logistic regression and a general linear model, respectively. As a secondary analysis, we also assessed main and interacting effects of ADCYAP1R1 and CM variation on risk of past-month depression diagnosis and symptom severity. **RESULTS:** No significant main effects were observed for ADCYAP1R1 genotype on either PTSD/PTS severity. In contrast, a significant ADCYAP1R1 × CM interaction was observed for both past month PTSD and PTS severity, with carriers of the "C" allele showing enhanced risk for these outcomes among women exposed to CM. No significant main or interaction effects were observed for past month depression/depression severity. **CONCLUSIONS:** Genetic variation at the ADCYAP1R1 locus interacts with CM to shape risk of later PTSD, but not depression, among women. The molecular mechanisms contributing to this interaction require further investigation.

2. J Interpers Violence. 2012 Dec 24. [Epub ahead of print]

How Much Does "How Much" Matter? Assessing the Relationship Between Children's Lifetime Exposure to Violence and Trauma Symptoms, Behavior Problems, and Parenting Stress.

Hickman LJ, Jaycox LH, Setodji CM, Kofner A, Schultz D, Barnes-Proby D, Harris R.

The study explores whether and how lifetime violence exposure is related to a set of negative symptoms: child internalizing and externalizing behavior problems, child trauma symptoms, and parenting stress. Using a large sample of violence-exposed children recruited to participate in intervention research, the study employs different methods of measuring that exposure. These include total frequency of all lifetime exposure, total frequency of lifetime exposure by broad category (i.e., assault, maltreatment, sexual abuse, and witnessing violence), and polyvictimization defined as exposure to multiple violence categories. The results indicate that only polyvictimization, constructed as a dichotomous variable indicating two or more categories of lifetime exposure, emerged as a consistent predictor of negative symptoms. The total lifetime frequency of all violence exposure was not associated with negative symptoms, after controlling for the influence of polyvictimization. Likewise, in the presence of a dichotomous polyvictimization indicator the total lifetime frequency of exposure to a particular violence category was unrelated to symptoms overall, with the exception of trauma symptoms and experiences of sexual abuse. Taken together, these findings suggest that total lifetime exposure is not particularly important to negative symptoms, nor is any particular category of exposure after controlling for polyvictimization, with the single exception of sexual abuse and trauma symptoms. Instead, it is the mix of exposure experiences that predict negative impacts on children in this sample. Further research is needed to continue to explore and test these issues.

3. Nat Rev Neurosci. 2012 Dec 19. doi: 10.1038/nrn3425. [Epub ahead of print]

Neurogenetics: Trauma and stress, from child to adult.

Jones R.

4. Nat Rev Genet. 2012 Dec 19. doi: 10.1038/nrg3406. [Epub ahead of print]

Neurogenetics: Trauma and stress, from child to adult.

Jones R.

5. Cochrane Database Syst Rev. 2012 Dec 12;12:CD006726. doi: 10.1002/14651858.CD006726.pub2.

Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents.

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BACKGROUND: Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents.

OBJECTIVES: To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD.

SEARCH METHODS: We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR) to December 2011. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974 -), MEDLINE (1950 -) and PsycINFO (1967 -). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions.

SELECTION CRITERIA: All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD.

DATA COLLECTION AND ANALYSIS: Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. We calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model.

MAIN RESULTS: Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better

(three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias.

AUTHORS' CONCLUSIONS: There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.

6. Psychiatr Pol. 2012 Mar-Apr;46(2):145-56.

[The present level of post-traumatic stress symptoms in a sample of child survivors of World War II]. [Article in Polish]

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AIM: The aim of the study was to estimate the prevalence of PTSD and level of symptoms more broadly considered as post-traumatic e.g. depression among Polish child survivors of World War II.

METHOD: Data were collected from 218 individuals aged 63-78. Measures: a list of questions regarding exposure to a range of war related traumas; PDS (Foa, 1995); IES (Horowitz et al., 1976) to measure PTSD symptoms and BDI (Beck et al., 1961) for depression symptoms.

RESULTS: Exposure to potentially traumatic events related to the WWII varied from 1.83% to 47.25%. The prevalence of PTSD symptoms at a diagnostic level according to PDS was 29.4%. The mean values B, C and D-category symptoms were respectively: 2.08 (SD=1.74), 2.34 (SD=1.98) and 2.40 (SD=1.69). Greater age, parental loss and exposure to at least one traumatic war-related event (this variable was close to the level of statistical significance, however) were all predictors of a diagnostic level of PTSD symptoms.

CONCLUSIONS: 60 years after WW II about one-third of respondents manifest a clinical level of PTSD symptoms. Taking into consideration the results of the research on the child survivors of the modern wars, psychosocial and cultural factors should also be examined as causes of this phenomenon.

7. Curr Opin Psychiatry. 2013 Jan;26(1):66-72. doi: 10.1097/YCO.0b013e32835b2c01.

Treatment of posttraumatic stress disorder in children and adolescents.

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PURPOSE OF REVIEW: We review recent evidence regarding risk factors for childhood posttraumatic stress disorder (PTSD) and treatment outcome studies from 2010 to 2012 including dissemination studies, early intervention studies and studies involving preschool children.

RECENT FINDINGS: Recent large-scale epidemiological surveys confirm that PTSD occurs in a minority of children and young people exposed to trauma. Detailed follow-up studies of trauma-exposed young people have investigated factors that distinguish those who develop a chronic PTSD from those who do not, with recent studies highlighting the importance of cognitive (thoughts, beliefs and memories) and social factors. Such findings are informative in developing treatments for

young people with PTSD. Recent randomized controlled trials (RCTs) confirm that trauma-focused cognitive behaviour therapy (TF-CBT) is a highly efficacious treatment for PTSD, although questions remain about effective treatment components. A small number of dissemination studies indicate that TF-CBT can be effective when delivered in school and community settings. One recent RCT shows that TF-CBT is feasible and highly beneficial for very young preschool children. Studies of early intervention show mixed findings.

SUMMARY: Various forms of theory-based TF-CBT are highly effective in the treatment of children and adolescents with PTSD. Further work is needed to replicate and extend initial promising outcomes of TF-CBT for very young children. Dissemination studies and early intervention studies show mixed findings and further work is needed.

**8. Arch Gen Psychiatry. 2012 Nov;69(11):1161-8. doi:
10.1001/archgenpsychiatry.2012.8.**

Emotional reactivity to a single inhalation of 35% carbon dioxide and its association with later symptoms of posttraumatic stress disorder and anxiety in soldiers deployed to Iraq.

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CONTEXT: The identification of modifiable predeployment vulnerability factors that increase the risk of combat stress reactions among soldiers once deployed to a war zone offers significant potential for the prevention of posttraumatic stress disorder (PTSD) and other combat-related stress disorders. Adults with anxiety disorders display heightened emotional reactivity to a single inhalation of 35% carbon dioxide (CO₂); however, data investigating prospective linkages between emotional reactivity to CO₂ and susceptibility to war-zone stress reactions are lacking.

OBJECTIVE: To investigate the association of soldiers' predeployment emotional reactivity to 35% CO₂ challenge with several indices of subsequent war-zone stress symptoms assessed monthly while deployed in Iraq.

DESIGN, SETTING, AND PARTICIPANTS: Prospective cohort study of 158 soldiers with no history of deployment to a war zone were recruited from the Texas Combat Stress Risk Study between April 2, 2007, and August 28, 2009.

MAIN OUTCOME MEASURES: Multilevel regression models were used to investigate the association between emotional reactivity to 35% CO₂ challenge (assessed before deployment) and soldiers' reported symptoms of general anxiety/stress, PTSD, and depression while deployed to Iraq.

RESULTS: Growth curves of PTSD, depression, and general anxiety/stress symptoms showed a significant curvilinear relationship during the 16-month deployment period. War-zone stressors reported in theater were associated with symptoms of general anxiety/stress, PTSD, and depression. Consistent with the prediction, soldiers' emotional reactivity to a single inhalation of 35% CO₂-enriched air before deployment significantly potentiated the effects of war-zone stressors on the subsequent development of PTSD symptoms and general anxiety/stress symptoms but not on the development of depression, even after accounting for the effects of trait anxiety and the presence of past or current Axis I mental disorders.

CONCLUSION: Soldiers' emotional reactivity to a 35% CO₂ challenge may serve as a vulnerability factor for increasing soldiers' risk for PTSD and general anxiety/stress symptoms in response to war-zone stressors.

9. Mil Med. 2012 Oct;177(10):1184-90.

Postdeployment alcohol use, aggression, and post-traumatic stress disorder.

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Current military personnel are at risk of developing serious mental health problems, including chronic stress disorders and substance use disorders, as a result of military deployment. The most frequently studied effect of combat exposure is post-traumatic stress disorder (PTSD). High-risk behaviors, including alcohol use and aggression, have been associated with PTSD, but the optimal cutoff score on the PTSD Checklist (PCL) for determining the risk for these behaviors has not been clearly delineated. Using postdeployment active duty (AD) and Reserve component military personnel, the relation between various cutoff scores on the PCL and engaging in high-risk behaviors was examined. AD personnel, for every outcome examined, showed significantly greater odds for each problem behavior when PCL scores were 30 or higher compared to those with PCL scores in the 17 to 29 range. A similar pattern was shown for Reserve component personnel with respect to several problem behaviors, although not for alcohol use behaviors. The differences in problem behaviors for these two populations may be an indication that deployment experiences and combat exposure affect them differently and suggest that despite lower critical PCL scores, AD personnel may be at higher risk for developing problems as a function of the deployment cycle.

10. Med Arh. 2012;66(5):304-8.

Psychosocial problems among children of parents with posttraumatic stress disorder.

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BACKGROUND: To assess the expression of psychosocial problems among children of parents with posttraumatic stress disorder (PTSD).

MATERIAL AND METHODS: A group of 100 children of school age (from 10 to 5 years old) from two randomly chosen schools has been analyzed. Children from complete families whose parents accepted psychometric measurement related to trauma have been chosen. Subjects were divided into two groups: a group of children whose parents express the symptoms of posttraumatic stress disorder (PTSD)-experimental group (N = 50) and group of children whose parents are not suffering from PTSD-control group (N = 50). The assessment of PTSD symptoms and parental traumatization is done by Harvard Trauma Questionnaire-version for Bosnia and Herzegovina (B&H) (Allden et al., 1998), behavioral problems were assessed by Child Behavior Checklist—as reported by parents (CBCL, Achenbach, 1991), the level of traumatization and posttraumatic symptoms in children by the Impact of Event Scale (Horowitz, Wilner, Alvarez, 1979), and neurotism and extraversion is estimated by Neurotism and Extraversion Scale (HANES). With regard to gender and parental participation the sample is homogenous. Data are processed by descriptive statistics method.

RESULTS: Children whose parents are suffering from PTSD symptoms show statistically significant increase in behavioral problems such as withdrawal, somatic complaints, thought problems, delinquent and aggressive behavior ($p < 0.001$), anxiety/depression, attention deficit and problems in social relations ($p < 0.005$). Male subjects showed more prominent delinquent behavior ($p < 0.01$). Children whose parents have PTSD symptoms show significantly expressed internalisation ($p < 0.001$) and higher level of stress ($\text{Chi}^2 = 23.528$, $p < 0.001$), compared to children of parents without PTSD. There is statistically significant difference regarding the mean (M) of symptom groups among the analyzed groups of subjects related to the symptoms of intrusion ($p < 0.01$) and symptoms of avoidance ($p < 0.001$). Significantly expressed neurotism is present in children of parents with PTSD ($p < 0.001$).

CONCLUSION: The results show that children of parents with PTSD express a significant behavioral problems, higher level of neurotism, internalisations, posttraumatic stress reactions, symptoms of intrusion and avoidance as well as significantly higher level of stress compared to children of parents without PTSD.

11. Riv Psichiatr. 2012 Jul-Aug;47(4):309-12. doi: 10.1708/1139.12558.

Relationship between handedness and persistent emotional distress in adults

experiencing an earthquake.

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AIM: Post-traumatic emotional distress follows exposure to trauma and may be affected by atypical cerebral lateralisation. We aimed to explore the relationship between handedness and emotional dysfunction in people exposed to a natural disaster.

METHODS: About 22 months after an earthquake, 326 exposed adults completed the Edinburgh Handedness Inventory, the Impact of Events Scale-Revised, and the Insomnia Severity Index.

RESULTS: Mixed-handed people, compared to right-handed, had a 3.3 fold increase in odds to have emotional distress. Consistent left-handers scored higher than consistent right- and mixed-handers on the ISI scale.

CONCLUSIONS: Findings support that lateral preference is associated with emotional distress in people exposed to trauma.

12. J Rehabil Res Dev. 2012;49(5):717-28.

Couple/family therapy for posttraumatic stress disorder: review to facilitate interpretation of VA/DOD Clinical Practice Guideline.

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A well-documented association exists among Veterans' posttraumatic stress disorder (PTSD) symptoms, family relationship problems, and mental health problems in partners and children of Veterans. This article reviews the recommendations regarding couple/family therapy offered in the newest version of the Department of Veterans Affairs (VA)/Department of Defense (DOD) VA/DOD Clinical Practice Guideline for Management of Post-Traumatic Stress. We then provide a heuristic for clinicians, researchers, and policy makers to consider when incorporating couple/family interventions into Veterans' mental health services. The range of research that has been conducted on couple/family therapy for Veterans with PTSD is reviewed using this heuristic, and suggestions for clinical practice are offered.

**13. Psychol Psychother. 2012 Jun;85(2):179-202. doi:
10.1111/j.2044-8341.2011.02026.x. Epub 2011 Jun 20.**

Group music therapy for patients with persistent post-traumatic stress disorder—an exploratory randomized controlled trial with mixed methods evaluation.

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OBJECTIVES: Not all patients with post-traumatic stress disorder (PTSD) respond to cognitive behavioural therapy (CBT). Literature suggests group music therapy might be beneficial in treating PTSD. However, feasibility and effectiveness have not been assessed. The study objectives were to assess whether group music therapy was feasible for patients who did not respond to CBT, and whether it has an effect on PTSD symptoms and depression.

DESIGN: The study employed mixed methods comprising of an exploratory randomized controlled trial, qualitative content analysis of therapy, and patient interviews.

METHOD: Patients with significant PTSD symptoms (n = 17) following completion of CBT were randomly assigned to treatment (n = 9) or control groups (n = 8). The treatment group received 10 weeks of group music therapy after which exit interviews were conducted. Control group patients were offered the intervention at the end of the study. Symptoms were assessed on the Impact of Events Scale-Revised and Beck Depression Inventory II at the beginning and end of treatment.

RESULTS: Treatment-group patients experienced a significant reduction in severity of PTSD symptoms (-20.18; 95% confidence interval [CI]: [-31.23, -9.12]) and a marginally significant reduction in depression (-11.92; 95%CI: [-24.05, 0.21]) at 10 weeks from baseline compared to the control. Patients viewed music therapy as helpful and reported experiences concur with current literature.

CONCLUSIONS: Group music therapy appears feasible and effective for PTSD patients who have not sufficiently responded to CBT. Limitations include the small sample size and lack of blinding. Further research should address these limitations, test sustainability, and identify specific factors that address symptoms in treatment.

14. Am J Public Health. 2012 Oct;102(10):1964-73. doi: 10.2105/AJPH.2012.300690. Epub 2012 Aug 16.

Co-occurring lower respiratory symptoms and posttraumatic stress disorder 5 to 6 years after the World Trade Center terrorist attack.

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OBJECTIVES: We have described the epidemiology of co-occurring lower respiratory symptoms (LRS) and probable posttraumatic stress disorder (PTSD) 5 to 6 years after exposure to the 9/11 disaster.

METHODS: We analyzed residents, office workers, and passersby (n = 16,363) in the World Trade Center Health Registry. Using multivariable logistic regression, we examined patterns of reported respiratory symptoms, treatment sought for symptoms, diagnosed respiratory conditions, mental health comorbidities, quality of life, and unmet health care needs in relation to comorbidity.

RESULTS: Among individuals with either LRS or PTSD, 24.6% had both conditions. The odds of comorbidity was significantly higher among those with more severe 9/11 exposures. Independent of 9/11 exposures, participants with LRS had 4 times the odds of those without it of meeting criteria for PTSD, and those with PTSD had 4 times the odds of those without it of meeting criteria for LRS.

Participants with comorbidity had worse quality of life and more unmet mental health care needs than did all other outcome groups.

CONCLUSIONS: Respiratory and mental illness are closely linked in individuals exposed to 9/11 and should be considered jointly in public health outreach and treatment programs.

15. Am J Public Health. 2012 Oct;102(10):e40-8. Epub 2012 Aug 16.

Examining a comprehensive model of disaster-related posttraumatic stress disorder in systematically studied survivors of 10 disasters.

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OBJECTIVES: Using a comprehensive disaster model, we examined predictors of posttraumatic stress disorder (PTSD) in combined data from 10 different disasters.

METHODS: The combined sample included data from 811 directly exposed survivors of 10 disasters between 1987 and 1995. We used consistent methods across all 10 disaster samples, including full diagnostic assessment.

RESULTS: In multivariate analyses, predictors of PTSD were female gender, younger age, Hispanic ethnicity, less education, ever-married status, predisaster psychopathology, disaster injury, and witnessing injury or death; exposure through death or injury to friends or family members and witnessing the disaster aftermath did not confer additional PTSD risk. Intentionally caused disasters

associated with PTSD in bivariate analysis did not independently predict PTSD in multivariate analysis. Avoidance and numbing symptoms represented a PTSD marker. CONCLUSIONS: Despite confirming some previous research findings, we found no associations between PTSD and disaster typology. Prospective research is needed to determine whether early avoidance and numbing symptoms identify individuals likely to develop PTSD later. Our findings may help identify at-risk populations for treatment research.

16. Soc Sci Med. 2012 Nov;75(9):1715-20. doi: 10.1016/j.socscimed.2012.06.032. Epub 2012 Jul 27.

The mechanisms that associate community social capital with post-disaster mental health: a multilevel model.

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Many scholars have advocated that the time has come to provide empirical evidence of the mechanisms that associate community social capital with individual disaster mental health. For this purpose we conducted a study (n = 232) one year after a flood (2008) in Morpeth, a rural town in northern England. We selected posttraumatic stress as an indicator of disaster mental health. Our multilevel model shows that high community social capital is indirectly salutary for individual posttraumatic stress. In particular, in communities (defined as postcode areas) with high structural social capital, the results suggest that individuals confide in the social context (high cognitive social capital) to address disaster-related demands (high collective efficacy), and employ less individual psychosocial resources (i.e. coping strategies and social support). This "conservation of individual psychosocial resources" in a salutary social context decreases the association between the appraisal of the disaster and posttraumatic stress. As a result of this mechanism, individuals suffer less from posttraumatic stress in communities with high social capital. These findings provide new insights how intervention policies aimed at strengthening both objective and subjective dimensions of social capital may reduce post-disaster mental health.

17. Am J Orthopsychiatry. 2012 Jul;82(3):338-48. doi: 10.1111/j.1939-0025.2012.01171.x.

Potential treatment mechanisms of counseling for children in Burundi: a series of n=1 studies.

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Little is known about the impact and treatment processes of psychosocial counseling in low-income countries. This study aimed to generate hypotheses on key working mechanisms of counseling in Burundi. The authors carried out 11 empirically grounded n=1 studies with children (11-14years) screened for depression and anxiety who received counseling. The authors used quantitative (symptom scales) and qualitative instruments (treatment content and perceptions). Weekly measurements were taken preintervention (4 time points), during the intervention period (8-10 time points), and postintervention (4 time points). Five treatment mechanisms continua appeared associated with outcome trajectories: client centeredness, therapeutic alliance, active problem solving, trauma-focused exposure, and family involvement. Higher levels appeared associated with better outcomes. Contrarily, cases that demonstrated no change were characterized by a heavy focus on counselors' norms, containment and self-control, unstructured retelling and explicit avoidance, advice-oriented problem solving, and noninclusion of family members, respectively. The authors found a distinct clustering of outcome trends per therapist. The findings suggest that integrative counseling, which combines universal therapist variables with active use of specific therapeutic techniques and a systemic perspective, may be an adequate strategy to treat mental health symptoms of children in Burundi.

**18. Psychother Psychosom Med Psychol. 2012 Aug;62(8):294-300. doi:
10.1055/s-0032-1314791. Epub 2012 Aug 6.**

[How traumatized are the children of World War II? The relationship of age during flight and forced displacement and current posttraumatic stress symptoms]. [Article in German]

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Traumatic events experienced in childhood can be reactivated in older age. The present study investigates the relation of age during flight and forced displacement within World War II (WWII; 2-7 years, 8-13 years, 14-20 years) and the current occurrence of posttraumatic stress disorder (PTSD). Traumatic events and current posttraumatic stress symptoms were assessed by the Harvard Trauma Questionnaire and the Impact of Event Scale-revised. Mean age of participants (N=169) was 73.76 years (SD=4.18). The eldest group reported most war-related

traumatic events. In each age group a one-week-prevalence for a full PTSD of 10-11% was found. The prevalence for both full and subthreshold PTSD was higher for the age group 14-20 years (60.5%) compared to the younger age groups (33-35%). People, who experienced WWII as adolescents, show a dose-response-effect indicated by a higher prevalence for subthreshold PTSD.

19. Adv Neonatal Care. 2012 Aug;12(4):246-53. doi: 10.1097/ANC.0b013e31826090ac.
Symptoms of acute stress disorder in mothers of premature infants.

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PURPOSE: : To determine whether significant symptoms of acute stress disorder (ASD) are present in mothers of premature infants in the neonatal intensive care unit (NICU).

SUBJECTS: : Forty mothers of premature infants born less than 33 weeks and admitted into NICU.

DESIGN: : Prospective, cohort, within-subjects.

METHODS: : Mothers completed the Stanford Acute Stress Reaction Questionnaire, Edinburgh Postnatal Depression Scale, and the Acute Stress Disorder Interview to explore the number and severity of stress-related symptoms at 2 separate time periods, 7 to 10 days after birth, and 1 month after birth.

RESULTS: : Twenty-eight percent of the mothers met diagnostic criteria of ASD at 7 to 10 days after birth, and at 1 month after birth ASD symptoms persisted. The majority of the mothers described premature birth as a traumatic stressor. The most commonly met criteria were dissociation and anxiety. Significant symptoms of depression were found in 43% of mothers and persisted 1 month after birth. Rates of depression and moderate to severe symptoms of ASD were significantly related in mothers at 1 week and at 1 month after birth.

CONCLUSIONS: : The premature birth experience is traumatic for mothers and may lead to various emotional responses including stress-related symptoms such as depression and/or ASD. Mothers with significant symptoms of depression and those with symptoms of stress seem to be more at risk for developing symptoms of ASD.

20. BMC Public Health. 2012 Aug 3;12:603. doi: 10.1186/1471-2458-12-603.
Exposures to war-related traumatic events and post-traumatic stress disorder symptoms among displaced Darfuri female university students: an exploratory study.

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BACKGROUND: With the deaths of hundreds of thousands and the displacement of up to three million Darfuris, the increasingly complex and on-going war in Darfur has warranted the need to investigate war-related severity and current mental health levels amongst its civilian population. The purpose of this study is to explore the association between war-related exposures and assess post-traumatic stress disorder (PTSD) symptoms amongst a sample of Darfuri female university students at Ahfad University for Women (AUW) in Omdurman city.

METHODS: An exploratory cross-sectional study among a representative sample of Darfuri female university students at AUW (N = 123) was conducted in February 2010. Using an adapted version of the Harvard Trauma Questionnaire (HTQ), war-related exposures and post-traumatic stress disorder (PTSD) symptoms were assessed. Means and standard deviations illustrated the experiential severity of war exposure dimensions and PTSD symptom sub-scales, while Pearson correlations tested for the strength of association between dimensions of war exposures and PTSD symptom sub-scales.

RESULTS: Approximately 42 % of the Darfuri participants reported being displaced and 54 % have experienced war-related traumatic exposures either as victims or as witnesses (M = 28, SD = 14.24, range 0 - 40 events). Also, there was a strong association between the experiential dimension of war-related trauma exposures and the full symptom of PTSD. Moreover, the refugee-specific self-perception of functioning sub-scale within the PTSD measurement scored a mean of 3.2 (SD = .56), well above the 2.0 cut-off.

CONCLUSIONS: This study provides evidence for a relationship between traumatic war-related exposures and symptom rates of PTSD among AUW Darfuri female students. Findings are discussed in terms of AUW counseling service improvement.

21. *Pediatr Rev.* 2012 Aug;33(8):382-3. doi: 10.1542/pir.33-8-382.

Posttraumatic stress disorder.

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22. *Arch Suicide Res.* 2012 Jul;16(3):198-211. doi: 10.1080/13811118.2012.695269.

The moderating role of distress tolerance in the relationship between posttraumatic stress disorder symptom clusters and suicidal behavior among trauma exposed substance users in residential treatment.

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The co-occurrence of posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) is associated with greater risk for suicidal behavior than either disorder alone. Research highlights the relevance of PTSD symptoms in particular to suicide risk within this population. Research has also provided support for an association between distress tolerance (DT) and both PTSD symptoms and suicidal behavior. This study examined the role of DT in the relationship between PTSD symptom severity and suicidal behavior in a sample of 164 SUD inpatients with a history of Criterion A traumatic exposure. Results indicated that DT moderated the relationship between PTSD symptoms (overall, re-experiencing, and hyperarousal) and medically attended suicide attempts, with the magnitude of the relationship increasing at higher levels of DT.

23. Issues Ment Health Nurs. 2012 Aug;33(8):513-21. doi: 10.3109/01612840.2012.687037.

Disordered eating among African American and African Caribbean women: the influence of intimate partner violence, depression, and PTSD.

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We assessed the influence of intimate partner violence (IPV), depression and post-traumatic stress disorder (PTSD) on disordered eating patterns (DE) among women of African descent through a comparative case-control study (N = 790) in Baltimore, MD, and St. Thomas and St. Croix, US Virgin Islands, from 2009-2011. IPV, depression and PTSD were independent risk factors in the full sample. The relationship between IPV and DE was partially mediated by depression. The influence of risk for lethality from violence was fully mediated by depression. IPV should be considered in research and treatment of DE and both IPV and DE should be assessed when the other or depression is detected.

24. J Am Acad Child Adolesc Psychiatry. 2012 Aug;51(8):812-20. doi: 10.1016/j.jaac.2012.05.013. Epub 2012 Jun 29.

Acute stress symptoms in children: results from an international data archive.

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OBJECTIVE: To describe the prevalence of acute stress disorder (ASD) symptoms and to examine proposed DSM-5 symptom criteria in relation to concurrent functional impairment in children and adolescents.

METHOD: From an international archive, datasets were identified that included assessment of acute traumatic stress reactions and concurrent impairment in children and adolescents 5 to 17 years of age. Data came from 15 studies conducted in the United States, United Kingdom, Australia, and Switzerland and included 1,645 children and adolescents. Dichotomized items were created to indicate the presence or absence of each of the 14 proposed ASD symptoms and functional impairment. The performance of a proposed diagnostic criterion (number of ASD symptoms required) was examined as a predictor of concurrent impairment.

RESULTS: Each ASD symptom was endorsed by 14% to 51% of children and adolescents; 41% reported clinically relevant impairment. Children and adolescents reported from 0 to 13 symptoms (mean = 3.6). Individual ASD symptoms were associated with greater likelihood of functional impairment. The DSM-5 proposed eight-symptom requirement was met by 202 individuals (12.3%) and had low sensitivity (0.25) in predicting concurrent clinically relevant impairment. Requiring fewer symptoms (three to four) greatly improved sensitivity while maintaining moderate specificity.

CONCLUSIONS: This group of symptoms appears to capture aspects of traumatic stress reactions that can create distress and interfere with children's and adolescents' ability to function in the acute post-trauma phase. Results provide a benchmark for comparison with adult samples; a smaller proportion of children and adolescents met the eight-symptom criterion than reported for adults. Symptom requirements for the ASD diagnosis may need to be lowered to optimally identify children and adolescents whose acute distress warrants clinical attention.

25. Behav Res Ther. 2012 Oct;50(10):589-95. doi: 10.1016/j.brat.2012.06.005. Epub 2012 Jul 4.

An empirical investigation of the effectiveness of the broad-minded affective coping procedure (BMAC) to boost mood among individuals with posttraumatic stress disorder (PTSD).

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The broaden-and-build theory postulates that positive emotions broaden people's cognitions and actions, and facilitate the building of personal and social resources which enhance resilience in a range of clinical populations. The Broad-Minded Affective Coping procedure (BMAC) is a recently developed clinical technique which utilizes the recall of positive autobiographical memories and mental imagery to elicit positive affect. This study aims to investigate the ability of the BMAC to boost mood among 50 individuals diagnosed currently (n = 31) or previously (n = 19) with Posttraumatic Stress Disorder (PTSD). To assess mood, a series of Visual Analog Scales (VASs) and Likert scales measuring feelings of sadness, calmness, happiness, hopelessness, defeat and frustration were administered at baseline, immediately following the completion of the BMAC and two hours and two days afterwards. Participants in the BMAC condition demonstrated greater increases in self-reported levels of positive emotions and greater reductions in self-reported levels of negative emotions following the BMAC technique compared to those in the control condition. The results suggest that the BMAC is a useful clinical technique which can be incorporated into other clinical interventions such as cognitive behavioral therapy to elicit positive affect and promote resilience.

26. J Child Adolesc Psychiatr Nurs. 2012 Aug;25(3):158-63. doi: 10.1111/j.1744-6171.2012.00339.x. Epub 2012 Jul 5.

Developing schools' capacities to respond to community crisis: the Tennessee initiative.

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TOPIC: The development and implementation of a statewide initiative addressing mental health issues within schools postcrisis.

PURPOSE: The potential for a community crisis occurs every day. After a crisis, schools are practical, logical, and effective places to help students recover from a tragedy. If crisis-related trauma is not addressed adequately, it can impact academic outcomes such as reading achievement, grade point average, and overall academic performance. For these reasons, it is imperative that school administrators support students in the aftermath of a crisis.

CONCLUSIONS: This ongoing project continues in an effort to support students, faculty, and staff after a traumatic event within the Tennessee public school system

27. J Adolesc Health. 2012 Aug;51(2 Suppl):S23-8. doi: 10.1016/j.jadohealth.2012.04.010.

Can traumatic stress alter the brain? Understanding the implications of early trauma on brain development and learning.

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BACKGROUND: Youth who experience traumatic stress and develop post-traumatic symptoms secrete higher levels of the glucocorticoid cortisol than youth with no trauma history. Animal research suggests that excess corticosterone secretion can lead to neurotoxicity in areas of the brain rich in glucocorticoid receptors such as the hippocampus and the prefrontal cortex (PFC). These two areas of the brain are involved in memory processing and executive function, both critical functions of learning.

METHODS: In this article, we summarize findings presented at the National Summit for Stress and the Brain conducted at Johns Hopkins University's Department of Public Health in April 2011. The presentation highlighted structural and functional imaging findings in the hippocampus and PFC of youth with post-traumatic stress symptoms (PTSS).

RESULTS: Youth with PTSS have higher levels of cortisol. Prebedtime cortisol levels predict decreases in hippocampal volume longitudinally. Cortisol levels are negatively correlated with volume in the PFC. Functional imaging studies demonstrate reduced hippocampal and PFC activities on tasks of memory and executive function in youth with PTSS when compared with control subjects.

CONCLUSIONS: Effective interventions for youth with PTSS should target improved function of frontolimbic networks. Treatment outcome research using these potential markers can help develop more focused interventions that target the impaired learning of vulnerable youth experiencing traumatic stress.

28. CNS Spectr. 2012 Mar;17(1):11-5. doi: 10.1017/S1092852912000016.

Post-traumatic stress disorder symptom severity in service members returning from Iraq and Afghanistan with different types of injuries.

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INTRODUCTION: Risk for post-traumatic stress disorder (PTSD) varies in part due to the nature of the traumatic event involved. Both injury and return from combat pose high risk of PTSD symptoms. How different injuries may predispose towards PTSD is less well understood.

METHODS: A retrospective record review was conducted from 1402 service members who had returned to Naval Medical Center San Diego from Iraq or Afghanistan and who had completed the PTSD Checklist as part of their post-deployment screening. Rates of PTSD were examined in relation to mechanism of injury.

RESULTS: Of those without injury, 8% met Diagnostic and Statistical Manual criteria for PTSD. Thirteen percent of those with a penetrating injury, 29% with blunt trauma, and 33% with combination injuries met criteria for PTSD. PTSD severity scores varied significantly according to type of injury.

DISCUSSION: The World War I concept of "shell shock" implied that blast-related injuries were more likely to result in psychological symptoms than were other injuries. These data may support that idea. Circumstance of injury, population differences, and reporting bias could also have influenced the results.

CONCLUSION: These results suggest that service members with blunt or combination injuries merit particular attention when screening for PTSD.

29. J Psychosom Res. 2012 Aug;73(2):122-5. doi: 10.1016/j.jpsychores.2012.05.003. Epub 2012 Jun 8.

Relationship between posttraumatic stress disorder and asthma among New York area residents exposed to the World Trade Center disaster.

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OBJECTIVE: The heightened prevalence rates of respiratory problems and posttraumatic stress disorder (PTSD) among New York area residents following the World Trade Center disaster on September 11, 2001, have received national attention. Although there is some evidence suggesting that PTSD is associated with increased risk for asthma, this relationship has not been well documented in this population at high risk for both disorders. There is also a need to examine this relationship while controlling for notable confounds, including dust exposure and smoking.

METHOD: This study examined the association between symptoms indicative of probable PTSD and the diagnosis of asthma following 9/11 among the individuals who participated in the World Trade Center Health Registry (WTCR) baseline study between September 2003 and November 2004. A total of 71,437 participants enrolled in this study and completed questionnaires pertaining to exposure, physical

health symptoms before and after 9/11, and self-reported PTSD symptoms.
RESULTS: Logistic regression revealed that, compared to participants without probable PTSD, individuals with probable PTSD were 1.65 times more likely to be diagnosed with asthma following 9/11, which was significant after controlling for the effects of gender, ethnicity, income, smoking status, dust exposure, and nonspecific psychological distress [Wald $\chi^2(1)=52.375$, $P<.001$].
CONCLUSION: These results suggest that PTSD symptoms are associated with the development of asthma following 9/11 and that this relationship is not explained by sociodemographic, environmental, and lifestyle factors.

30. J Couns Psychol. 2012 Jul;59(3):486-93. doi: 10.1037/a0028000.

Ethnic and mainstream social connectedness, perceived racial discrimination, and posttraumatic stress symptoms.

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Carter (2007) proposed the notion of race-based traumatic stress and argued that experiences of racial discrimination can be viewed as a type of trauma. In a sample of 383 Chinese international students at 2 predominantly White midwestern universities, the present results supported this notion and found that perceived racial discrimination predicted posttraumatic stress symptoms over and above perceived general stress. Furthermore, Berry (1997) proposed an acculturation framework and recommended that researchers advance the literature by examining the moderation effects on the association between racial discrimination and outcomes. The present results supported the moderation effect for Ethnic SC (i.e., social connectedness in the ethnic community), but not for Mainstream SC (i.e., social connectedness in mainstream society). A simple effects analysis indicated that a high Ethnic SC weakened the strength of the association between perceived racial discrimination and posttraumatic stress symptoms more than a low Ethnic SC. Moreover, although Mainstream SC failed to be a moderator, Mainstream SC was significantly associated with less perceived general stress, less perceived racial discrimination, and less posttraumatic stress symptoms.

31. J Head Trauma Rehabil. 2012 Jul-Aug;27(4):261-73. doi: 10.1097/HTR.0b013e3182585cb6.

A scoping study of one-to-one peer mentorship interventions and recommendations for application with Veterans with postdeployment syndrome.

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BACKGROUND: We employ the term postdeployment syndrome (PDS) to characterize the combinations of physical, psychological, and social difficulties frequently encountered by Veterans returning from combat.

OBJECTIVES: To conduct a scoping review to identify and describe one-to-one peer mentorship (PM) interventions, identify elements associated with positive outcome and of relevance to Veterans with PDS, and summarize current practice in a way that informs the development of such interventions for this population.

METHODS: Scoping review methodology was used to identify and summarize key practices and concepts in the one-to-one PM literature between 1980 and 2012. Of 196 articles initially identified, 33 were retained for further examination.

Eighteen met full-study criteria and were retained in the analyses. Three reviewers reached consensus on articles to include, and 2 coders independently extracted information from each article.

RESULTS: A range of populations was targeted in the interventions. Most identified the provision of support as the primary goal, although some also included other educational and behavioral goals. Most employed selection and training strategies for their mentors and offered ongoing supervision and consultation. Most studies indicated that participants found PM to be beneficial.

CONCLUSIONS: This review supports the application in this population and proposes next steps for the development and systematic evaluation of PM interventions.

32. Issues Ment Health Nurs. 2012 Jul;33(7):405. doi: 10.3109/01612840.2012.695707.

A closer look at global trafficking of women and children.

Thomas SP.

33. Qual Health Res. 2012 Aug;22(8):1019-36. doi: 10.1177/1049732312450324. Epub 2012 Jun 15.

"We're still in a struggle": Diné resilience, survival, historical trauma, and healing.

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As part of a community/university collaborative effort to promote the mental health and well-being of Diné (Navajo) youth, we explored the relevance of addressing historical trauma and current structural stressors, and of building on individual and community strengths through healing and social transformation at multiple levels. Qualitative analyses of 74 ethnographic interviews with 37 Diné youth, parents, and grandparents suggested that a focus on historical trauma as a conceptual frame for behavioral health inequities, understood within the context of resilience and survival, is appropriate. Our findings also highlight the salience of current stressors such as poverty and violence exposure. We explore the fit of an historical trauma healing framework and present implications for intervention and transformation through revitalization of traditional knowledge, culturally based healing practices, intergenerational education, and social change strategies designed to eliminate social inequities.

34. Intensive Care Med. 2012 Sep;38(9):1523-31. doi: 10.1007/s00134-012-2612-2. Epub 2012 Jun 16.

Patterns of post-traumatic stress symptoms in families after paediatric intensive care.

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PURPOSE: To establish longitudinal rates of post-traumatic stress in a cohort of child-parent pairs; to determine associations with poorer outcome.

METHOD: This was a prospective longitudinal cohort study set in a 21-bed unit. In total 66 consecutive admissions aged 7-17 years were screened with one parent at 3 and 12 months post-discharge. Measures used were the Children's Revised Impact of Event Scale (CRIES-8) and the SPAN (short form of Davidson Trauma Scale).

RESULTS: In total 29 (44 %) child-parent pairs contained at least one member who scored above cut-off 12 months after discharge, with scores increasing over time for 18 parents and 26 children. At 3 months, 28 (42 %) parents and 20 (32 %) children scored above cut-off; at 12 months the rates were 18 (27 %) parents and 17 (26 %) children. Parents scoring above cut-off at 12 months were more likely to have had a child admitted non-electively (100 % vs. 77 %, $p = 0.028$); had higher 3-month anxiety scores (11.5 vs. 4.5, $p = 0.001$) and their children had higher post-traumatic stress scores at 3 months (14 vs. 8, $p = 0.017$). Children who scored above cut-off at 12 months had higher 3-month post-traumatic stress scores (18 vs. 7, $p = 0.001$) and higher Paediatric Index of Mortality (PIM) scores on admission (10 vs. 4, $p = 0.037$).

CONCLUSIONS: The findings that (a) nearly half of families were still

experiencing significant symptoms of post-traumatic stress 12 months after discharge; (b) their distress was predicted more by subjective than by objective factors and (c) many experienced delayed reactions, indicate the need for longer-term monitoring and more support for families in this situation.

35. Arch Womens Ment Health. 2012 Aug;15(4):289-96. doi: 10.1007/s00737-012-0290-2. Epub 2012 Jun 12.

Patterns of attention and experiences of post-traumatic stress symptoms following childbirth: an experimental study.

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Childbirth for some women can be experienced as a traumatic event whereby it is appraised as threatening to life and associated with feelings of fear, helplessness or horror. These women may develop symptoms consistent with post-traumatic stress disorder or its sub-clinical symptoms (post-traumatic stress, PTS). Cognitive processes such as attentional biases have been identified in individuals with PTS exposed to other traumatic events. This study used an experimental design (the modified Stroop task) to investigate the relationship between attentional biases and PTS symptoms in 50 women who experienced their labour and delivery as stressful and responded with fear, helplessness and horror. Attentional biases away from childbirth words were significantly associated with both symptoms of post-traumatic stress and more negative experiences of childbirth. A negative experience was also associated with more severe symptoms of PTS. Positive experiences were unassociated with attentional biases or symptoms. Post-traumatic stress responses, in this population, may be associated with avoidance, and through influencing cognitive processing, acting as a maintaining factor of distress.

36. J Behav Ther Exp Psychiatry. 2012 Dec;43(4):1026-31. doi: 10.1016/j.jbtep.2012.04.002. Epub 2012 Apr 21.

Contextual representations increase analogue traumatic intrusions: evidence against a dual-representation account of peri-traumatic processing.

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BACKGROUND AND OBJECTIVES: Information processing accounts of post-traumatic stress disorder (PTSD) state that intrusive memories emerge due to a lack of integration between perceptual and contextual trauma representations in autobiographical memory. This hypothesis was tested experimentally using an analogue trauma paradigm in which participants viewed an aversive film designed to elicit involuntary recollections.

METHOD: Participants viewed scenes from the film either paired with contextual information or with the contextual information omitted. After viewing the film participants were asked to record for one week any involuntary intrusions for the film using a provided intrusions diary.

RESULTS: The results revealed a significant increase in analogue intrusions for the film when viewed with contextual information in comparison to when the film was viewed with the contextual information omitted. In contrast there was no effect of contextual information on valence ratings or voluntary memory for the film, or on the reported vividness and emotionality of the intrusions.

LIMITATIONS: The analogue trauma paradigm may have failed to reproduce the effect of extreme stress on encoding that is postulated to occur during PTSD.

CONCLUSIONS: The findings have potential implications for trauma intervention as they suggest that the contextual understanding of a scene during encoding can be integral to the subsequent occurrence of traumatic intrusions. The pattern of results found in the study are inconsistent with dual-representation accounts of intrusive memory formation, and instead provide new evidence that contextual representations play a casual role in increasing the frequency of involuntary intrusions for traumatic material.

37. *Depress Anxiety*. 2012 Jun;29(6):479-86. doi: 10.1002/da.21942. Epub 2012 May 8. Predictors of treatment outcomes among depressed women with childhood sexual abuse histories.

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BACKGROUND: A notable portion (21%) of female patients receiving treatment for depression in community mental health centers (CMHC) has childhood sexual abuse (CSA) histories. Treatment outcomes in this population are heterogeneous; identifying factors associated with differential outcomes could inform treatment development. This exploratory study begins to address the gap in what is known about predictors of treatment outcomes among depressed women with sexual abuse histories.

METHOD: Seventy women with major depressive disorder and CSA histories in a CMHC

were randomly assigned to interpersonal psychotherapy (n = 37) or usual care (n = 33). Using generalized estimating equations, we examined four pretreatment predictor domains (i.e. sociodemographic characteristics, clinical features, social and physical functioning, and trauma features) potentially related to depression treatment outcomes.

RESULTS: Among sociodemographic characteristics, Black race/ethnicity, public assistance income, and unemployment were associated with less depressive symptom reduction over the course of treatment. Two clinical features, chronic depression and borderline personality disorder, were also related to less reduction in depressive symptoms across the treatment period.

CONCLUSION: Our results demonstrate the clinical relevance of attending to predictors of depressed women with CSA histories being treated in public sector mental health centers. Particular sociodemographic characteristics and clinical features among these women may be significant indicators of risk for relatively poorer treatment outcomes.

38. J Couns Psychol. 2012 Jul;59(3):449-57. doi: 10.1037/a0027753. Epub 2012 May 7.
Prevalence and effects of life event exposure among undergraduate and community college students.

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The purposes of this study were to assess lifetime and recent exposure to various life events among undergraduate and community college students and to assess the relation between event exposure and a broad range of outcomes (i.e., mental and physical health, life satisfaction, grade point average). Undergraduate students from a midwestern university (N = 842) and a community college (N = 242) completed online measures of lifetime event exposure and outcomes at Time 1 and recent event exposure at Time 2 two months later. Life events assessed included events that did and did not meet the definition of a traumatic event (i.e., posttraumatic stress disorder Criterion A1) in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) as well as directly (e.g., own life-threatening illness) and indirectly (e.g., others' illness) experienced events. Students reported experiencing many lifetime and recent Criterion A1 and non-A1 events, and community college students reported more events than did university students. Generally, individuals who reported more lifetime events also reported poorer outcomes (e.g., poorer health). The number of non-Criterion A1 and directly experienced events tended to be more strongly correlated with negative outcomes

than were the number of Criterion A1 and indirectly experienced events reported. These findings suggest that non-A1 events are important to assess and can be significantly related to outcomes for students.

39. J Headache Pain. 2012 Aug;13(6):459-67. doi: 10.1007/s10194-012-0452-7. Epub 2012 Apr 26.

Migraine prevalence, alexithymia, and post-traumatic stress disorder among medical students in Turkey.

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The aim of this study was to investigate the prevalence of migraine, alexithymia, and post-traumatic stress disorder among medical students at Cumhuriyet University of Sivas in Turkey. A total of 250 medical students participated in this study and answered the questionnaires. The study was conducted in three stages: the self-questionnaire, the neurological evaluation, and the psychiatric evaluation. In the first stage, the subjects completed a questionnaire to assess migraine symptoms and completed the three-item Identification of Migraine Questionnaire, the Toronto Alexithymia Scale, and the Post-Traumatic Stress Disorder Checklist-Civilian Version Scale. The subjects who reported having a migraine underwent a detailed neurological evaluation conducted by a neurologist to confirm the diagnosis. In the final stage, the subjects with a migraine completed a psychiatric examination using the structured clinical interview for DSM-IV-R Axis I. The actual prevalence of migraine among these medical students was 12.6 %. The students with a migraine were diagnosed with alexithymia and post-traumatic stress disorder more frequently than those without migraine. The Migraine Disability Assessment Scale scores correlated with the post-traumatic stress disorder scores. The results of this study indicate that migraine was highly prevalent among medical students in Turkey and was associated with the alexithymic personality trait and comorbid psychiatric disorders including post-traumatic stress disorder. Treatment strategies must be developed to manage these comorbidities.

40. Clin Child Fam Psychol Rev. 2012 Sep;15(3):192-214. doi: 10.1007/s10567-012-0115-x.

Health-related quality of life in children and adolescents following traumatic injury: a review.

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This paper comprehensively reviews the published literature investigating health-related quality of life (HRQOL) following general traumatic injury in individuals between birth and 18 years. Studies were not considered if they primarily compared medical treatment options, evaluated physical function but not other aspects of HRQOL, or focused on non-traumatic wounds. Specific injury types (e.g., burn injury) were also not included. A total of 16 studies met criteria. Participants were age 1-18 years, with 12 studies considering children 5 years of age or older. Males were overrepresented. Injury severity averaged mostly in the moderate range. HRQOL deficits were noted in injured samples in all studies except the two with the longest time to follow-up (6-11 years). Some improvement was seen 6 months to 2 years after injury. Factors associated with HRQOL deficits were investigated, with acute and posttraumatic stress disorder symptoms showing the strongest relationship. Research to date in this area is impressive, particularly the number of studies using prospective longitudinal investigations and validated measures. Challenges remain regarding methodologic differences, assessment of preinjury status, retention of participants, and management of missing data. Suggested future directions include extension of follow-up duration, utilization of pediatric self-report when possible, inclusion of younger children, and development of intervention programs.

41. J Interpers Violence. 2012 Sep;27(13):2645-64. doi: 10.1177/0886260512436386. Epub 2012 Feb 23.

Polytraumatization and trauma symptoms in adolescent boys and girls: interpersonal and noninterpersonal events and moderating effects of adverse family circumstances.

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The objective of this study was to investigate the cumulative effect of interpersonal and noninterpersonal traumatic life events (IPEs and nIPEs, respectively) on the mental health of adolescents and to determine if the adverse impacts of trauma were moderated by adverse family circumstances (AFC). Adolescents (mean age 16.7 years) from the normative population (n = 462) completed the questionnaire, the Linköping Youth Life Experience Scale (LYLES), together with Trauma Symptom Checklist for Children (TSCC). The lifetime accumulation of interpersonal, noninterpersonal, and AFC was independently related to trauma-related symptoms in both boys and girls. The number of AFCs

moderated the mental health impact of both IPEs and nIPEs in boys but not in girls. Cumulative exposure to both interpersonal and noninterpersonal traumatic events is important for the mental health of adolescents, and, at least for boys, family circumstances seem to be relevant for the impact of trauma. Our results suggest that broader approaches to the study, prevention, and treatment of trauma, including consideration of cumulative exposure, different types of trauma, and additional social risk factors, could be fruitful.

42. Drug Alcohol Depend. 2012 Aug 1;124(3):193-9. doi: 10.1016/j.drugalcdep.2011.12.027. Epub 2012 Feb 17.

Coincident posttraumatic stress disorder and depression predict alcohol abuse during and after deployment among Army National Guard soldiers.

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BACKGROUND: Although alcohol problems are common in military personnel, data examining the relationship between psychiatric conditions and alcohol abuse occurring de novo peri-/post-deployment are limited. We examined whether pre-existing or coincident depression and post-traumatic stress disorder (PTSD) predicted new onset peri-/post-deployment alcohol abuse among Ohio Army National Guard (OHARNG) soldiers.

METHODS: We analyzed data from a sample of OHARNG who enlisted between June 2008 and February 2009. Participants who had ever been deployed and who did not report an alcohol abuse disorder prior to deployment were eligible. Participants completed interviews assessing alcohol abuse, depression, PTSD, and the timing of onset of these conditions. Logistic regression was used to determine the correlates of peri-/post-deployment alcohol abuse.

RESULTS: Of 963 participants, 113 (11.7%) screened positive for peri-/post-deployment alcohol abuse, of whom 35 (34.0%) and 23 (32.9%) also reported peri-/post-deployment depression and PTSD, respectively. Soldiers with coincident depression (adjusted odds ratio [AOR]=3.9, 95%CI: 2.0-7.2, $p<0.01$) and PTSD (AOR=2.7, 95%CI: 1.3-5.4, $p<0.01$) were significantly more likely to screen positive for peri-/post-deployment alcohol abuse; in contrast, soldiers reporting pre-deployment depression or PTSD were at no greater risk for this outcome. The conditional probability of peri-/post-deployment alcohol abuse was 7.0%, 16.7%, 22.6%, and 43.8% among those with no peri-/post-deployment depression or PTSD, PTSD only, depression only, and both PTSD and depression, respectively.

CONCLUSIONS: Coincident depression and PTSD were predictive of developing peri-/post-deployment alcohol abuse, and thus may constitute an etiologic pathway

through which deployment-related exposures increase the risk of alcohol-related problems.

43. J Interpers Violence. 2012 Aug;27(12):2503-24. doi: 10.1177/0886260511433518. Epub 2012 Jan 24.

Prospective effects of method of coercion in sexual victimization across the first college year.

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Women who enter college with a sexual victimization (SV) history may be at particular risk for deleterious outcomes including maladaptive alcohol involve posttraumatic stress, and re-victimization. Further, pre-college SV may be an impediment for the achievement of academic mile and may negatively impact the transition into college. Recent work shows that the method of coercion used in SV may be an important predictor of post-victimization outcomes. As such, the identification of pathways between type of SV and outcomes can aid in early identification and intervention for those at highest risk. In a sample of newly-matriculated female college students, this study examined unique outcomes associated with two specific types of SV, (1) threats/use of physical force (Force SV) or (2) incapacitation (Incap SV). Participants completed assessments of SV, alcohol involvement, posttraumatic stress, and academic outcomes at 6 time-points over their first year of college. Results showed differential outcomes based on pre-matriculation exposure to Force SV or Incap SV. Women with Incap SV were higher on problem drinking indices whereas women with Force SV were at greater risk for re-victimization and marginally more PTSD symptoms. Having a history of either type of SV predicted attrition, but there were no differences when comparing Force SV to Incap SV. Overall, results from this study support the utility of delineating SV experiences by method of coercion, and point to the potential of highlighting different outcomes in tailored intervention programs.

44. Psychol Med. 2012 Aug;42(8):1695-703. doi: 10.1017/S0033291711002856. Epub 2011 Dec 14.

Remission from post-traumatic stress disorder in the general population.

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BACKGROUND: Few studies have focused on post-traumatic stress disorder (PTSD) remission in the population, none have modelled remission beyond age 54 years and none have explored in detail the correlates of remission from PTSD. This study examined trauma experience, symptom severity, co-morbidity, service use and time to PTSD remission in a large population sample.

METHOD: Data came from respondents (n=8841) of the 2007 Australian National Survey of Mental Health and Wellbeing (NSMHWB). A modified version of the World Health Organization's World Mental Health Composite International Diagnostic Interview (WMH-CIDI) was used to determine the presence and age of onset of DSM-IV PTSD and other mental and substance use disorders, type, age, and number of lifetime traumas, severity of re-experiencing, avoidance and hypervigilance symptoms and presence and timing of service use.

RESULTS: Projected lifetime remission rate was 92% and median time to remission was 14 years. Those who experienced childhood trauma, interpersonal violence, severe symptoms or a secondary anxiety or affective disorder were less likely to remit from PTSD and reported longer median times to remission compared to those with other trauma experiences, less severe symptoms or no co-morbidity.

CONCLUSIONS: Although most people in the population with PTSD eventually remit, a significant minority report symptoms decades after onset. Those who experience childhood trauma or interpersonal violence should be a high priority for intervention.

45. Am J Community Psychol. 2012 Sep;50(1-2):155-68. doi: 10.1007/s10464-011-9486-2.

The Effectiveness of Cultural Adjustment and Trauma Services (CATS): generating practice-based evidence on a comprehensive, school-based mental health intervention for immigrant youth.

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A collaborative study of Cultural Adjustment and Trauma Services (CATS), a comprehensive, school-based mental health program for traumatized immigrant children and adolescents, was conducted to generate practice-based evidence on the service delivery model across two school districts. Program effectiveness was assessed by testing whether client functioning and PTSD symptoms improved as a result of 7 separate service elements. An array of clinical services including CBT, supportive therapy, and coordinating services were provided to all students, and an evidence-based intervention for trauma, TF-CBT, was implemented with a subset of students. Greater quantities of CBT and supportive therapy increased functioning, while greater quantities of coordinating services decreased symptoms of PTSD. TF-CBT services were associated with both improved functioning and PTSD

symptoms, although TF-CBT was implemented with fidelity to the overall comprehensive service model rather than the structured intervention model. Results suggest the comprehensive school-based model was effective, though different service components affected different student outcomes. Implications of these findings for immigrant mental health interventions and implementing structured evidence-based practices into community mental health programs are discussed. Suggestions are made for future research on existing mental health practices with immigrants.

46. J Subst Abuse Treat. 2012 Jul;43(1):123-8. doi: 10.1016/j.jsat.2011.10.023. Epub 2011 Dec 5.

Examination of the latent factor structure of the Alcohol Use Disorders Identification Test in two independent trauma patient groups using confirmatory factor analysis.

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Recent research on the factor structure of the Alcohol Use Disorders Identification Test (AUDIT) provides support for two underlying factors: consumption and consequences. The current study sought to extend these findings to two independent and diverse trauma populations: traumatic injury patients and military veterans treated for posttraumatic stress disorder. The 2- and 3-factor solutions provided the best fit to the data, but there was a very high correlation between the second and third factors of the 3-factor solution. Parsimony suggests that the 2-factor solution is the preferred model. The 2-factor model has implications for alcohol screening using the AUDIT and supports the goal of screening to identify those with hazardous drinking and alcohol use disorders. An algorithm is proposed to inform alcohol screening protocols in a range of health settings for trauma-exposed patient groups.

47. Psychol Med. 2012 Aug;42(8):1687-93. doi: 10.1017/S0033291711002844. Epub 2011 Dec 13.

Prevalence of post-traumatic stress disorder among adolescents after the Wenchuan earthquake in China.

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BACKGROUND: The Wenchuan earthquake was a catastrophic earthquake in China. The aim of this study is to explore longitudinally the rates of post-traumatic stress disorder (PTSD) and depression in adolescents after the Wenchuan earthquake, and to identify independent predictors of PTSD.

METHOD: PTSD and depression symptoms among adolescents at 6, 12 and 18 months after the Wenchuan earthquake were investigated using the PTSD Checklist Civilian Version and the Beck Depression Inventory (BDI). Subjects in this study included 548 high school student survivors in a local boarding high school.

RESULTS: The rates of PTSD symptoms were 9.7%, 1.3% and 1.6% at the 6-, 12- and 18-month follow-ups, respectively. BDI scores were found to be the best predictor of severity of PTSD at 6, 12 and 18 months. Gender was another variable contributing significantly to PTSD at 6 and 12 months after the earthquake. In the 12-month follow-up, home damage was found to be a predictor of severity of PTSD symptoms. Being a child with siblings was found to be a predictor of severity of PTSD symptoms at 12 and 18 months after the earthquake.

CONCLUSIONS: PTSD symptoms changed gradually at various stages after the earthquake. Depression symptoms were predictive of PTSD symptoms in the 18-month follow-up study. Other predictors of PTSD symptoms included female gender and being a child with siblings. The results of this study may be helpful for further mental health interventions for adolescents after earthquakes.

48. Breastfeed Med. 2012 Aug;7:307-9. doi: 10.1089/bfm.2011.0093. Epub 2011 Dec 7.
Breastfeeding following emergency peripartum hysterectomy.

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Emergency peripartum hysterectomy (EPH) is usually performed in cases of intractable obstetric hemorrhage unresponsive to conservative treatment. EPH is associated with a high incidence of maternal morbidity and mortality. Most of these women do not have the opportunity to even start breastfeeding. We report a case where breastfeeding was attempted after EPH. The mother spent 6 days in the intensive care unit and suffered several medical and surgical complications. On day 7 she was reunited with her baby. One month later, a diagnosis of post-traumatic stress disorder was made. Breastfeeding became very important, with the patient frequently expressing that this was the most healing aspect in her recovery from the traumatic EPH. At 3 months, five daily feeds were supplemented with formula. Breastfeeding, principally nocturnal, continued 6

months after childbirth, with the baby being weaned at 7 months. Women who undergo EPH need psychological support. The option of breastfeeding should be considered even days or weeks after the surgical intervention as it can be a healing experience for some women who are grieving the loss of their fertility. Professional specialized breastfeeding support should be offered in these cases, and the possibility of reuniting mother and infant even when the mother is in the intensive care unit should be considered.

49. Hum Brain Mapp. 2012 Sep;33(9):2211-23. doi: 10.1002/hbm.21354. Epub 2011 Dec 3.

Associations among parenting experiences during childhood and adolescence, hypothalamus-pituitary-adrenal axis hypoactivity, and hippocampal gray matter volume reduction in young adults.

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Recent human studies have indicated that adverse parenting experiences during childhood and adolescence are associated with adulthood hypothalamus-pituitary-adrenal (HPA) axis hypoactivity. Chronic HPA axis hypoactivity inhibits hippocampal gray matter (GM) development, as shown by animal studies. However, associations among adverse parenting experiences during childhood and adolescence, HPA axis activity, and brain development, particularly hippocampal development, are insufficiently investigated in humans. In this voxel-based structural magnetic resonance imaging study, using a cross-sectional design, we examined the associations among the scores of parental bonding instrument (PBI; a self-report scale to rate the attitudes of parents during the first 16 years), cortisol response determined by the dexamethasone/corticotropin-releasing hormone test, and regional or total hippocampal GM volume in forty healthy young adults with the following features: aged between 18 and 35 years, no cortisol hypersecretion in response to the dexamethasone test, no history of traumatic events, or no past or current conditions of significant medical illness or neuropsychiatric disorders. As a result, parental overprotection scores significantly negatively correlated with cortisol response. Additionally, a significant positive association was found between cortisol response and total or regional hippocampal GM volume. No significant association was observed between PBI scores and total or regional hippocampal GM volume. In conclusion, statistical associations were found between parental overprotection during childhood and adolescence and adulthood HPA axis

hypoactivity, and between HPA axis hypoactivity and hippocampal GM volume reduction in healthy young adults, but no significant relationship was observed between any PBI scores and adulthood hippocampal GM volume.

50. Eur J Public Health. 2012 Oct;22(5):658-62. Epub 2011 Sep 27.

Relationship between post-traumatic stress disorder and diabetes among 105,180 asylum seekers in the Netherlands.

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BACKGROUND: Several reports have demonstrated a relationship between post-traumatic stress disorder (PTSD) and type 2 diabetes (T2DM) mainly in combat veterans. The relationship between PTSD and T2DM has not been evaluated among vulnerable migrant populations. The main objective of this study was therefore to assess the relationship between PTSD and T2DM among asylum seekers in the Netherlands.

METHODS: Analysis of a national electronic database of the Dutch Community Health Services for Asylum seekers aged ≥ 18 years (N=105,180).

RESULTS: Asylum seekers with PTSD had a higher prevalence of T2DM compared with those without PTSD. The age-adjusted prevalence ratios (APR) were 1.40 (95% CI, 1.12-1.76) in men and 1.22 (95% CI, 0.95-1.56) in women compared with individuals without PTSD, respectively. There was an interaction between PTSD and comorbid depression ($P < 0.05$) in men and women, indicating that the effect of PTSD and comorbid depression on T2DM differed. When the analyses were stratified by depression status, among non-depressed group, individuals with PTSD had a higher prevalence of T2DM compared with those without PTSD [APR=1.47 (95% CI, 1.15-1.87) in men and APR=1.27 (95% CI, 0.97-1.66) in women]. Among the depressed individuals, however, there was no association between PTSD and T2DM [APR=0.87 (95% CI, 0.43-1.76) in men, and APR=1.00, (95% CI, 0.54-1.83) in women].

CONCLUSION: The findings suggest that history of PTSD is related to high levels of T2DM among asylum seekers independent of comorbid depression. Clinicians and policy makers need to take PTSD into account when assessing and treating diabetes among vulnerable migrant populations.

51. Soc Psychiatry Psychiatr Epidemiol. 2012 Jul;47(7):1111-9. doi: 10.1007/s00127-011-0416-2. Epub 2011 Jul 26.

A new psychological intervention: "512 Psychological Intervention Model" used for military rescuers in Wenchuan Earthquake in China.

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OBJECTIVE: We sought to compare the efficacy of the "512 Psychological Intervention Model" (that is, "512 PIM", a new psychological intervention) with debriefing on symptoms of post-traumatic stress disorder (PTSD), anxiety and depression of Chinese military rescuers in relation to a control group that had no intervention.

METHOD: We conducted a randomized controlled trial with 2,368 military rescuers 1 month after this event and then at follow-up 1, 2 and 4 months later to evaluate changes in symptoms of PTSD, anxiety and depression based on DSM-IV criteria, respectively.

RESULTS: Baseline analysis suggested no significant differences between the study groups. Severity of PTSD, anxiety and depression decreased over time in all three groups, with significant differences between the groups in symptoms of PTSD ($P < 0.01$). Compared with the debriefing and control group, significant lower scores of PTSD and positive efficacy in improving symptoms of re-experiencing, avoidance and hyperarousal were found in the "512 PIM" group.

CONCLUSION: "512 PIM" was an effective psychological intervention for military rescuers in reducing symptoms of PTSD, anxiety and depression after a crisis.

52. Eur J Public Health. 2012 Oct;22(5):638-43. Epub 2011 Jul 11.

Use of healthcare services 8 years after the war in Kosovo: role of post-traumatic stress disorder and depression.

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BACKGROUND: The aim of the present study was to examine the use of health-care services and medication, as well as health risk behaviours such as smoking, in relation with post-traumatic stress disorder (PTSD) and major depressive episode (MDE) in post-war Kosovo.

METHODS: A sample of 864 adults was interviewed in 2007 of which 551 took part in a 2001 survey. They were assessed using the PTSD and MDE sections of the Mini International Neuropsychiatric Interview (MINI) and the Medical Outcomes Study 36-item Short Form Health Survey (SF-36). Use of health-care services, alcohol and tobacco were also recorded.

RESULTS: Respondents were predominantly female (56.6%) with a median age of 36 years and a primary educational level (44.6%). While 11.9% of participants met

diagnostic criteria for PTSD, MDE prevalence was 30.6%. Both PTSD and MDE were significantly associated with lower scores on the SF-36 physical component summary. After adjustment for sex, age, education, unemployment, municipality and SF-36 perceived physical health, no significant association was observed between PTSD and medical visits in the past 12 months, hospitalizations in the past 12 months and use of medication in the past 7 days. Results were similar for MDE, except for a significantly higher frequency of medication use that included psychotropic and other drug classes.

CONCLUSION: Eight years after the war in Kosovo, poor perceived physical health displayed a long-lasting association with PTSD and MDE and was a major determinant of increased use of health-care services without additional contribution of PTSD per se.

53. Afr J Psychiatry (Johannesbg). 2011 May;14(2):134-9.

Lifetime mental disorders and suicidal behaviour in South Africa.

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OBJECTIVE: There is relatively little data on the relationship between lifetime mental disorders and suicidal behaviour in low and middle income countries. This study examines the relationship between lifetime mental disorders, and subsequent suicide ideation, plans, and suicide attempts in South Africa.

METHOD: A national survey of 4185 South African adults was conducted using the World Health Organization Composite International Diagnostic Interview (CIDI) to generate psychiatric diagnoses and suicidal behaviour. Bivariate, multivariate and discrete-time survival analyses were employed to investigate the associations between mental disorders and subsequent suicide ideation, plans, and attempts.

RESULTS: Sixty-one percent of people who seriously considered killing themselves at some point in their lifetime reported having a prior DSM-IV disorder. Mental disorders predict the onset of suicidal ideation, but have weaker effects in predicting suicide plans or attempts. After controlling for comorbid mental disorders, PTSD was the strongest predictor of suicidal ideation and attempts.

There is a relationship between number of mental disorders and suicidal behaviour, with comorbidity having significantly sub-additive effects.

CONCLUSION: Consistent with data from the developed world, mental disorders are strong predictors of suicidal behaviour, and these associations are more often explained by the prediction of ideation, rather than the prediction of attempts amongst ideators. This suggests some universality of the relevant mechanisms underlying the genesis of suicidal thoughts, and the progression to suicide attempts

54. Afr J Psychiatry (Johannesbg). 2010 Sep;13(4):267-74.

Psychopathology, fundamental assumptions and CD4 T lymphocyte counts in HIV-positive patients.

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OBJECTIVE: We investigated whether psychopathology in HIV-positive patients was associated with more negative fundamental assumptions than in healthy controls. In addition, we explored whether psychopathology and negative fundamental assumptions in HIV-positive patients were associated with lower CD4 T-lymphocyte counts.

METHOD: Self-rating questionnaires to assess depressive symptoms, posttraumatic stress symptoms, alcohol abuse, general psychopathology and fundamental assumptions, were completed by 123 HIV-positive patients and 84 uninfected clinic attendees at three primary health care clinics in the Western Cape, South Africa. CD4 T-lymphocyte counts were obtained from chart records.

RESULTS: HIV-positive patients reported more depressive and posttraumatic symptoms than uninfected individuals. However when controlling for socio-economic status, the number of traumatic events experienced and other potential confounds, no differences remained. Fundamental assumptions (FA) were mainly positive in both HIV-positive patients and controls and no correlations were found between fundamental assumptions, psychiatric symptoms and CD4 levels. However, in infected patients FA and psychopathology were negatively associated with all participants scoring in the positive range of the FA scale.

CONCLUSION: The positive scores on the FA scale indicate that positive assumptions are related to less psychopathology. Longitudinal studies investigating the association between the valence of fundamental assumptions and HIV morbidity are needed.

55. J Womens Health (Larchmt). 2010 Sep;19(9):1665-74. doi: 10.1089/jwh.2009.1856.

Pathways of chronic pain in survivors of intimate partner violence.

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OBJECTIVE: To examine the roles of lifetime abuse-related injury, posttraumatic stress disorder (PTSD) symptom severity, and depressive symptom severity in mediating the effects of severity of assaultive intimate partner violence (IPV), psychological IPV, and child abuse on chronic pain severity in women survivors of

IPV.

METHODS: Structural equation modeling of data from a community sample of 309 women survivors of IPV was used to test partial and full theoretical models of the relationships among the variables of interest.

RESULTS: The full model had good fit and accounted for 40.2% of the variance in chronic pain severity. Abuse-related injury, PTSD symptom severity, and depressive symptom severity significantly mediated the relationship between child abuse severity and chronic pain severity, but only abuse-related injury significantly mediated the relationship between assaultive IPV severity and chronic pain severity. Psychological IPV severity was the only abuse variable with significant direct effects on chronic pain severity but had no significant indirect effects.

CONCLUSIONS: These findings can inform clinical care of women with chronic pain in all areas of healthcare delivery by reinforcing the importance of assessing for a history of child abuse and IPV. Moreover, they highlight the relevance of routinely assessing for abuse-related injury and PTSD and depressive symptom severity when working with women who report chronic pain.